

Stigmatization and Marital Conflicts Predictors of Depression among Parents of Autistic Children in South-East Nigeria

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Abstract

This study investigated stigmatization and marital conflict as predictors of depression among parents of autistic children in Southeast Nigeria. A total of 138 parents of children with autism spectrum disorder (ASD) comprising 69 females and 69 males between the ages of 25-78 years with ($M=45$, $SD=8.98$) participated in the study. Participants were drawn from the five states of Southeast Nigeria comprising Abia, Anambra, Ebonyi, Enugu and Imo using purposive sampling technique. The study adopted a cross-sectional survey design and the instruments used for data collection included Marital Conflict Behavior Checklist (MCBC), Stigmatization Impact Scale (SIS), Health and Daily Living Form: Adult Form B (HDL-AFB), and Epidemiological Studies Depression Scale (CES-D). Hierarchical multiple regression analysis was used for data analysis. The results revealed that stigmatization predicted depression among parents of children with ASD ($\beta = .50$, $t = 8.37$, $p < .05$). Also, marital conflict positively predicted depression ($\beta = .51$, $p < 0.01$). The results were discussed in relation to relevant literature. Implications of the study, suggestions for further studies and recommendations were highlighted.

Keywords: Stigmatization, Marital Conflict, Depression, Autism Spectrum Disorders and Parents.

Introduction

Marriage is one of the most important institutions in the world socially and anthropologically. In the past, marriage was mainly heterosexual relationship - a legal union between a man and a woman which binds them together through a vow ratified by mutual exchange of consent that is supposed to last till death (Hornby, 2007). In our contemporary society, the understanding of marriage has shifted to include lesbian, gay, transgender, bisexual, queer (LGBTQ) relationships. Some people believe that allowing gay men and lesbians get married would symbolically represent social progress and equality in a secular society (Reynolds & Robinson, 2019). But for religious and cultural reasons, some people still believe that marriage should be between a man and a woman since from the beginning, God created them male and female and said, "for this reason, a man shall leave his father and mother and be united with his wife..." (Genesis 1:23). Both heterosexual and same-sex marriages where it is legalized offer the couple not only the exclusive rights to care and advocate for each other legally, but gives them a distinctive status in society, and consequently the possibility of becoming parents and fulfilling the purposes of marriage which include procreation and companionship (CCCB, 2017). Through procreation or adoption in the case of one's partner being sterile (Canzi, Parise, Rosanti, Scabini & Manzi, 2021), couples can have children which can bring unspeakable joy to the family. Unfortunately, the joy may be intertwined with a feeling of sorrow if the child is born with a developmental global delay such as autism spectrum disorder (ASD) (Delehanty, Stronach, Guthrie, Slate & Wetherby, 2018).

According to the Diagnostic and statistical manual of mental disorders (DSM), autism spectrum disorder (ASD) is characterized by persistent deficits in the development of imaginative, social, and communication skills used for social interaction, as well as deficits in developing, maintaining, and understanding relationships (Diagnostic and Statistical Manual - DSM-5, 2013). In addition to the above deficits, the diagnosis of ASD requires the presence of restricted, repetitive patterns of behaviours, interests, or activities. A diagnosis of ASD in someone with intellectual disability is appropriate when social communication and interaction are significantly impaired relative to the developmental level of the individual's nonverbal skills (DSM-5, 2013).

Davidson, Blankstein, Flett and Neale (2010) observed that autism is found in all socio-economic classes, ethnic and racial groups; and some parents whose children are diagnosed with ASD find it difficult to cope with raising them. Such parents seem to feel stigmatized and socially isolated.

Stigma refers to negative social and psychological attitude (prejudice) attached to a characteristic of an individual which could be based on mental illness, physical health condition, or social deficiency. It equally implies social disapproval that could lead to unfair treatment, discrimination against and exclusion of an individual due to gender, sexuality, race, religion, and culture (Caddell, 2022). The negative behaviour (discrimination) can be toward people living with intellectual disability and different types of mental illness (Caddell, 2022; American Psychological Association, 2022). Corrigan, Druss and Perlick (2014) identified two types of stigmas suffered by mentally challenged people like ASD children and their families, namely self-stigma, and public stigma. Self-stigma is a negative belief about oneself, expressed in character weakness and incompetence, feeling of low self-esteem, and low self-efficiency (Corrigan, Druss & Perlick, 2014). And public or Social Stigma – is the prejudiced attitudes and reaction that the general population has toward people that are mentally challenged (Caddell, 2022). Many people with intellectual disability are challenged by the stereotypes and prejudice that result from misconceptions about their condition. According to Oguama, Uka, Chukwu and Nwaoha (2020), the experience of stigma on mentally challenged persons in assessing medical services in the developing world like Nigeria is better imagined than experienced.

Among married couples with autistic children, marital conflict seems to be experienced more regularly as couples often apportion blames on one another for being responsible for the condition of their children. This results in misunderstanding, calling of names, disagreements which could result in physical or verbal abuse, withdrawal of love, abandonment of children, responsibilities and other detestable behaviours. It is not uncommon to hear about spouses who abandoned their partner because of conflict. St. CyrBrinisi and Solomon (2021) observed that parents raising children with ASD experience relational turbulence, ineffective arguing, a higher level of parenting stress and less marital satisfaction which could lead to experiencing depressive symptoms. The consequences of the depressive symptoms the couple experience in relationship and in raising an autistic child may manifest in the form of conflict of ideas and interests, which could lead to disharmony, discontent and marital conflict. Suen, Ningrum, Salis, et al. (2022) stated that parents of autistic children generally have lower levels of marital happiness, poor coping, family adaptability, cohesion and in impaired quality of life. Parenting or living with children with ASD can be a daunting task for the family members (Ambikile & Outwater, 2012). Hence, Benson (2011) observed that the first potential predictor of depression among parents with autistic children is marital conflict. This was affirmed in a study by Greenlee, Piro-Gambetti, Putney, Papp, and Hartley (2021), in which he examined marital satisfaction, parenting, and child outcomes in families of autistic children. This is consistent with earlier research by Harper, Dyches, Roper and Soath (2013) which asserted that parenting children

with ASD significantly contributes to marital conflict. Seeking for professional help could help the couple resolve their conflicts but due to stigmatization associated with parents raising an autistic child, the parents often do not seek professional help and consequently could experience depression. According to the Diagnostic and Statistical Manual of Mental Disorders – DSM-5 (2013), depression is an emotional state marked by low mood, great sadness and feelings of worthlessness, disappointment, guilt and shame. Depressed people may feel utterly dejected and completely without hope and initiative, they may be apprehensive, anxious, and despondent much of the time. Depression can either be temporal (transient) or permanent (chronic) and “most depression, although recurrent, tends to dissipate with time. But an average untreated episode may stretch for months or longer (Davison et al., 2010). In cases where depression becomes chronic, the person does not completely “snap back” to an earlier level of functioning between bouts”. Using cognitive theory of depression could help parents of ASD children in coping stigmatization and marital conflict since it is believed that people’s interpretations of events or their experiences may be distorted, inaccurate or unhelpful, which eventually affect their behaviour especially when there is a psychopathological symptom (Beck & Fleming, 2021).

In reviewing the contributions of previous empirical studies, the findings have been consistent in identifying the relationship among study variables, for example, (Omeje, 2000; Oguama et al, 2020) support the claims that marital conflict can predict depression. Benson (2012) explained that the long-term care of autistic child with a chronic disability frequently affects various areas in a parent’s life domains (marital relationship). Omeje (2000) and Mgbenkemdi (2014) found an influence of coping strategies and marital conflict on depression among parents living with mentally retarded children in Igbo land. Dietrich, Mergi and Rummel-Kluge (2014) and Kinnear, Link, Ballan and Fischbach (2016) found that stigma also plays an important role in influencing depressive symptoms among parents of autistic children. Considering that most of these findings were obtained in Western countries research in this area needs to be carried out in our context. The studies by Omeje (2000) and Mgbenkemdi & Eze (2017) made valuable contributions but failed to investigate “autism and stigmatization” which are topical issues in the South-East part of Nigeria. The apparent non-availability of such empirical research data provides the need for further investigations. It is against this background that this study investigates the influence of marital conflict, stigmatization and on depression among parents of autistic children in the five states of South-East Nigeria.

From all the studies reviewed it is indeed apparent that raising a child with autism spectrum disorders can be an overwhelming and emotional experience and can pose many difficulties for parents. Benson (2012) explained that the long-term care of autistic child with a chronic disability frequently affects various areas in a parent’s life domains, (for example, career, employment, marital relationship, emotional, mental, and physical health of parents, financial stress, quality of relationships between parents, addition family members, and family structure) which can lead to depression, and often affects the overall functioning of the family.

In addition, since a child with autism may require continuous medical support to meet his or her needs; a parent’s career is then affected because of high rate of absences and reduced work hours. Equally important, relationships with family and friends can become fragmented by the continuous demands of having a child with ASD, leaving little or no time for fostering such relationships. Moreover, research finding has shown that parents of children with autism spectrum disabilities experience high levels of depression and are at higher risk for mental health issues – than those parents with typically developing children. (Cauda – Laufer, 2017).

Therefore, if parents of autistic children acquire reasonable and balanced knowledge of their child's condition and what is needed in raising him or her in the family, it may enable the spouses no matter their individual differences, to have tremendous resilience in helping each other cope with their autistic child challenges. Where the contrary is the case marital conflict and stigmatization could be experienced and this may likely lead to depression.

Review of related Literature

Each of the theories reviewed offered significant insight in understanding the impact of marital conflict, and stigmatization on depression of parents with autistic children. The cognitive theory posits that depression may results when an individual has negative thoughts and perception of life experiences about the self, the world, and the future. Hence, if parents of autistic children have a negative perception about their child's condition, they may experience depression.

The Interpersonal theory of depression (Coyne, 1976) proposes that when an individual fail to manage the sufferings and challenges experienced in life and relationship, he or she seeks reassurances about their ability and worth from the other spouse. If the spouse fails to meet that expectation, there could be marital conflict and the individual may experience depressive symptoms. Behavioural theory of depression (Pavlov, 1937; Watson, 1958; Thorndike, 1949; & Skinner, 1957) asserts that both normal and abnormal behaviours can be learned or unlearned. Thus, if an individual learns maladaptive or deficient adaptive responses instead of positive adaptive ones, it may lead to developing depressive symptoms.

Contextual model of marital conflict theory (Gyrch & Finchman, 1990) posits that how couples handle the different stages and variables of life, and the quality of their marital relationship and the stress of raising an autistic child might lead to marital conflict and depression.

Communication theory of stigmatization (Hoban, 1974) asserts that when messages communicated are not understood by targeted audience, the recipients of the message may not respond positively to what is communicated, and this could lead someone to feel excluded, discriminated against or stigmatized.

Critically analyzing the propositions of the above theories of depression namely – cognitive theory, interpersonal theory, and behavioural theory in relation to this study, cognitive theory seems to explain better what could be causing the depressive symptoms experienced by parents of autistic children. Hence, it will provide the theoretical framework for this investigation.

Theoretical Framework

Having reviewed the above theories, this study is anchored on Beck's (1967) cognitive theory of depression. This is because Beck's (1976) cognitive theory posits that depression results from faulty or negative perception of the self, stressful events, and pessimistic view of the future. The meanings given to situation or event determine the response given. If parents attribute the cause of their child's autism to the other spouse, marital conflict may result, which eventually may lead to depression. Again, if parents perceive stigmatization which seems to be common in the South-East of Nigeria as derogatory and unbearable, depression may set in. Similarly, if parents assess the problems involved in raising an autistic child negatively and adopt maladaptive coping strategies, depression may set in. Thus, parents of autistic children will likely become depressed if they perceive the condition as stressful, adopt maladaptive coping strategies based on negative assessment of the problem, perceive stigmatization as awful, get involved in marital conflict based on negative perception of the

spouse as being responsible for the child's autism. In other words, the meaning they give to their experience determines their response.

Based on this cognitive theory of depression, it is hypothesized in this study that it is the way parents of children with autism spectrum disorder interpret the cause of their child's autistic problem that determines their development of depressive symptoms. Therefore, if parents of autistic children in South-East Nigeria think realistically by attributing the problem of their autistic children to organic or psychological causes, they are likely to adopt appropriate coping strategies usually associated with positive outcomes to modulate depression.

Statement of the Problem

In Nigeria, especially in Igboland or the Southeast region, comprising the States of Abia, Anambra, Ebonyi, Enugu and Imo, people tend to express sentiments of compassion and pity towards children with autism spectrum disorders (ASD) and their parents at the first sight. As time goes on such a thought, pity or compassion dies of and people would attribute it to a curse in the family. However, some parents of autistic children claim experiencing perceived prejudice and stigma against them and their autistic children. Oduyemi, Okafor, Eze, Akodu and Roberts (2021) affirmed that ASD has uniquely stigmatizing effect on both autistic children and their parents. Parents of ASD children are usually blamed and judged by others which they often internalized. Research showed that fifty three percent (53%) of parents who participated in a study in Nigeria had negative experience of parenting a child with ASD (Oduyemi, Okafor, Eze, Akodu & Roberts, 2021). The prejudice and stigma seem to be based on misconceptions and lack of understanding about the etiology of autism and mental health problems in general (Lesi, Adeyemi, Aina, Oshodi, Umeh, Olagunju, & Oyibo, 2021). This has a negative impact on the parents of autistic children as well as the children themselves (Oshodi, Campbell, & Lesi, 2019).

In some parts of Igboland, it is not surprising to see parents of autistic children being discriminated against in marriage and social gatherings. The parents of autistic children do not appear to have access to specialized or personalized education and professional support that will enable them to cope with their situation which predisposes them to depression. There are also superstitious beliefs regarding mental health illnesses that negatively seems to affect such parents and families, depriving them of the opportunity to live a meaningful and fulfilled life. Living under such dehumanizing conditions, parents of autistic children may experience a high level of marital conflict and dissatisfaction in marriage. Given the stigma attached to mental health, they tend to hide their feelings and may not seek professional help. There is equally an added financial burden to the family in caring for their autistic child which often generates lots of stress, emotional pain, sadness, depressive symptoms and sometimes even divorce. The diagnosis of the condition generates unacceptable feelings in the parents and that can spike diverse negative reactions from one spouse to the other as well as to their child or children. Also, the extra attention the child needs may be a source of stress and depression. Especially if the parents are not prepared to accept the child as she/he is and if the parents are not prepared or ready to shoulder the new responsibility of extra care. These situations can generate many psychological conditions and relationship problems among couples.

Some scholars have claimed that stigmatization and marital conflicts can predict depression among parents raising children with autism spectrum disorder (England & Sim, 2009; Aaron, Elliott & Benz, 2012; Cauda-Laufer, 2017). But a problem arises from the fact that most of the previous studies on

this subject were carried out outside the Nigerian environment. Such studies include Aaron, Timothy, Elliott, and Michael (2012) and Cauda–Laufer (2017). These studies were limited in scope as the concept of “stigma” was missing. Also, a related study carried out in Nigeria by Mgbenkemdi (2014) did not address the problem of stigma, which some parents of autistic children experience in Nigeria (Oduyemi, Okafor, Eze, Akodu & Roberts, 2021). A study by Bakare, Taiwo, Bello-Mojeed and Munir (2019), failed to deal with marital conflict, stigma and depression experienced by parents of autistic children. Therefore, the need to investigate marital conflict, coping strategies and stigmatization and their relationship with depression among parents living with children with ASD became paramount to ascertain whether these variables are associated with depression among parent living with ASD. Findings will help to correct misconceptions and provide psychoeducation resource for parents of autistic children, clinicians, and general public.

Method

Participants

A total of 138 parents of autistic children comprising 69 females and 69 males between the ages of 25-78 years with mean age of 45 and $SD=8.98$ participated in the study. All the participants were of the Igbo ethnic group, drawn from the Southeast of Nigeria and they were all Christians. All the children whose parents participated in the study were in special institutions for children with autism spectrum disorder, which included: Abia State Special Education Center for Deaf and Mentally Challenged, Aba (20 participants), Abia State Special Education Center for Deaf and Mentally Challenged, Umuahia (18 participants), Peace therapeutic Special International School, Nkpor Anambra State (22 participants), Ebonyi State Special School, Abakaliki (16 participants), Therapeutic Day Care Center Abakpa Enugu State (42 participants), and Don Guanella Centre, Nnebukwu Imo State (20 participants). Purposive sampling technique was used to select participants. The 138 participants were selected since they met the purposes of this research (Cresswell & Plano-Clark, 2011). The inclusion criteria were: (1) Parents must be married, living together as husband and wife for at least 5 years. (2) Have spent 2 years at least raising a child with autism spectrum disorder. (3) The autistic child should be at least 3 years of age to be sure that parents are now convinced that something is wrong with their child. (4) All the participants must have a minimum educational qualification of Senior Secondary School Certificate. This is to enable the participants to read, understand and fill out properly the administered questionnaire. In addition, it was to enable the participants affirm voluntary consent in writing or orally, to participate in this research.

Instruments

Four set of instruments were used for this study, and they include:

1. Marital Conflict Behavior Checklist (MCBC) (Omeje, 1998).
2. Center for Epidemiological Studies Depression Scale (CES-D) (Radloff (1977).
3. Stigmatization Impact Scale (SIS) (Okafor, 2019).

Marital Conflict Behavior Checklist (MCBC) Omeje (1998)

The 37-items marital conflict behaviour checklist scale was designed to assess the presence of conflict based on its frequency in marital relationships. Each item in the instrument was scored on a four-point scale: rarely = 1, Sometimes = 2, Often = 3 and always = 4. The participants were instructed to place a check mark (v) in the column that best described their status. Based on the scores reflected by the frequency of the items in the lives of the participants, they were classified into high or low

conflict groups using the median score as the point of discrimination. The developer of MCBC (Omeje, 1998) obtained reliability Coefficient Alpha of .94 for the instrument. And to revalidate its reliability the researcher administered the instrument to 90 parents of autistic children from The Child Special School, V Line Port Harcourt, Rivers State (20 couples) and St. Louis Inclusive School, Ikot Ekpene, Akwalbom State (25 couples) and equally obtained a Cronbach alpha coefficient of .94. According to Guilford (1956), a correlation coefficient of .90 to 1 is very high and dependable. Therefore, the instrument was considered reliable for the study.

The Centre for Epidemiological Studies Depression Scale (CES-DS) (Radloff (1977))

This comprised 20-items developed by the American Institute of Mental Health designed to measure symptoms of depression in the general population. The scale has 20-items designed to determine the presence or absence of depressive symptoms among parents of autistic children. However, the scale was scored on a four-point scale ranging from 1-4 for example rarely = 1, sometimes = 2, often = 3, and always = 4. But items 4, 8, 12 and 16 reflect positive outcomes and are scored in the reverse order, for example, rarely = 4, sometimes = 3, often = 2 and always = 1. The remaining 16-items reflect negative outcome. The participants were instructed to report the frequency with which the 20-items were experienced within the previous 6 months. If any participants scored above 20, that indicated the participant had experienced depression.

The choice of epidemiological studies-depression scale was because the researcher was not interested in participants diagnosed as depressed. To test for reliability, the researcher administered it to 90 parents of autistic children from The Child Special School, V Line Port Harcourt, Rivers State (20 couples) and St. Louis Inclusive School, Ikot Ekpene, Akwa Ibom State (25 couples) and obtained a Cronbach alpha coefficient of .75 hence it was accepted as reliable.

Stigmatization Impact Scale (SIS) (Okafor, 2019).

This instrument consists of 12-items designed by the researcher to measure the impact of stigmatization on parents of autistic children based on its frequency in parental feeling. From review of literature, focus groups discussion with parents of children with autism spectrum disorder, and professionals in clinical psychology, sociology, social work, thirty-five items were pooled.

To conduct a content validity, panels of six clinical psychologists were composed. The measurement aim was provided, the target population, a clear framework definition, and item selection to the panel: they were asked to check the structure of each item including the language used, the socio-cultural appropriateness, the adequacy and clarity of the items. They were also asked to examine the extent to which the stigma experiences items reflected the objectives to which the research seeks to achieve. The panel also decided the content validity index (CVI), which is used for evaluating meaning and clarity, by using a 4-point Likert scale (1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, 4 = highly relevant) to avoid a neutral midpoint (Yusoff, 2019). The panel met twice to evaluate the original 35 items and exclude any theoretically or practically irrelevant questions or any vague items that repeated the content of other items. We eliminated items with CVI values lower than .83, which resulted in a 20-item questionnaire. Polit and Beck (2006), indicated that content validity depends on subjective or professional judgment; however, inclusion of at least six experts in the field determined that when there are six experts, the I-CVI must be at least .83.

To establish reliability, the researcher in a pilot study administered the instrument to 90 parents with autistic children from Akwa-Ibom (25 couples) and River States (20 couples) which are outside the

target states for the study. Each item in the instrument is scored on a four-point scale of: 1 – rarely, 2 – sometimes, 3 – often and 4 – always. The participants are requested to tick good (✓) against any column that best describes experiences of stigma.

An exploratory factor analysis was conducted, and it revealed that the 12 items loaded into one factor. Eight items were deleted because some loaded less than 0.3 or double loaded. It resulted in a Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) of .90 $p < .001$, with a total variance explained of 69.32%. A reliability test was conducted, and it yielded a coefficient of .94.

To establish the reliability of the instrument further, a confirmatory factor analysis (CFA) and a concurrent validity with self-esteem scale (Baumeister, 1982) were conducted by collecting a different sample. Using IBM SPSS AMOS, to test for the CFA, the following indices were tested (Root Mean Square Error of Approximation, RMSEA; Supplementing these indices, Comparative Fit Index, CFI; Goodness of Fit Index, GFI; Normed Fit Index, NFI). The result revealed an acceptable CFA and goodness-of-fit was established ($\chi^2/df = 1.74$, $GFI = .95$, $NFI = .87$, $CFI = .94$, $RMSEA = .045$)

The concurrent validity showed that stigmatization and self-esteem was .56. This indicated that higher level of stigmatization was significantly related to low self-esteem. A score within 1-29 indicates low impact of stigmatization, while a score within 30-48 indicates high stigmatization. (See appendix - F for computation).

The stigmatization impact scale questionnaire can be completed in 10-15 minutes, and it is designed to help clinicians understand more about the impact of stigmatization on parents of autistic children. It will equally be useful in research and mental health setting.

Procedure

First, the researcher obtained a letter of introduction from the Head, Department of Psychology, Faculty of Social Sciences and Humanities, Enugu State University of Science and Technology, Agbani. With this letter permission was obtained by the researcher from the Management of the institutions in the South East listed below namely; Abia State Special Education Center for Deaf and Mentally Challenged, Aba, Abia State Special Education Center for Deaf and Mentally Challenged Umuahia, Peace Therapeutic Special International School, Nkpor, Anambra State; Sacred Heart School of the Physically Challenged, Onitsha Anambra State, Ebonyi State Special School, Abakaliki, Therapeutic Day Care Centre, Abakpa Enugu State, and Don Guanella Centre Nnebukwu, Imo State. Upon enquiry from the education secretary of each state and from the participant schools, these were the institutions identified as having autistic children. The researcher obtained permission for the different participating institutions and explained the nature of the research to the management. Secondly, the researcher recruited seven research assistants who helped in distribution of copies of questionnaire. The total of 200 copies of the questionnaire were made available to the research assistants by the researcher. The research assistants with the consent of the principals administered copies of the questionnaire during parents' teachers' association meeting in each of the selected schools. The instruments were administered only to parents of children with autism spectrum disorder during the meetings. The questionnaires were collected from some schools after two weeks and at some others after a month. Prior to filling the questionnaires, the parents were requested to sign the consent form. At the end of the exercise out of 200 copies of questionnaires distributed, 138 were properly completed and returned. A total of 42 copies were discarded because the participants did not meet the requirement of living together as couple, parented an autistic child for more than 3 years and attained educational qualification of at least SS3. Twenty copies were not filled

appropriately. Hence, the 138 copies that were properly filled and returned were used for analysis and testing of the hypotheses.

Design and Statistics

In this study, cross-sectional survey design was used. The statistics employed for data analysis is hierarchical multiple regression using SPSS version 23.

Results

Table 1: Descriptive statistics and correlations of study variables.

	M	SD	1	2	3	4	5	6	7	8	9
AGE			1	.38	.11	.0	.18	=.01	.19**	.03	=.01
LOM	13.47	7.11		1	.15	.19	.26*	.39*	.18	.39	.23*
EL					1	.09	.09	=.03	.30**	=.09	=.02
PAC						1	.13*	.12	.16*	.20**	.29*
Marital Conflict	54.74	14.49					1	.59**	=.07	.37**	.50**
Stigmatization	21.82	8.64						1	=.24**	.35**	.63**
Depression	37.12	7.31									1

Note: * $p > .05$, ** $p > .01$; AGE_{B4M}=Age before Marriage; EL= Educational Level [1=Never attended school; 2=primary school completed with certificate; 3=junior secondary school completed with certificate; 4=senior secondary school completed with certificate; 5=teacher training, OND, NCE; 6=Graduate (B.Sc., B.A., B.Ed., HND)]; LOM= Length of Marriage; PAC=Parenting an Autistic Child (coded '0' for no, '1' for yes)

Table 1 presents the descriptive statistics and correlations for the study variables. Length of marriage positively predicted depression ($\beta = .23$, $p < 0.05$). Parenting an autistic child predicted depression ($\beta = .29$, $p < 0.01$), indicating that those coded '1' were more associated with depression than those coded '0'. Marital conflict was positively predicted depression ($\beta = .50$, $p < 0.01$), indicating that the higher the marital conflict the more likely will they be depressed. Stigmatization was positively predicted depression ($\beta = .63$, $p < 0.01$), meaning that the higher the stigmatization experienced the more likely would they be depressed. Coping strategy (avoidance coping) positively predicted depression ($\beta = .49$, $p < 0.01$). While age before marriage, educational level and coping strategy (approach coping) did not have a significant relationship with depression.

Table 2: Summary of Hierarchical Multiple Regression Analysis for Variables Predicting Depression among parents with autistic children

Variables	Step 1			Step 2			Step 3			Step 4		
	B	S	T	B	S	T	B	S	T	B	S	T
		E			E			E			E	
AGE	=.11	.5	=1.43									
		9										
EDU	=.05	.4	=.80									
		3										

PAC	.17	.5	2.20				
		1	*				
Marital				.51	.0	9.33**	
Conflict					3		
Stigmatization						.50	.0 8.37
							5 *
ΔR^2	.019			.249		.158	.079
F	1.66			23.402*		37.804*	36.752*
	1			*		*	*

Note: * $p > .05$, ** $p > .01$; AGE_{B4M}=Age before Marriage; EL= Educational Level [1=Never attended school; 2=primary school completed with certificate; 3=junior secondary school completed with certificate; 4=senior secondary school completed with certificate; 5=teacher training, OND, NCE; 6= Graduate (B.Sc., B.A., B.Ed., HND)]; LOM= Length of Marriage; PAC=Parenting an Autistic Child (coded '0' for no, '1' for yes)

Results of the hierarchical multiple regression for the test of depression as shown in Table 2. The variables were entered in stepwise models. The demographic variables (age before marriage, educational level, parents with an autistic child) in the Step 1 of the regression analysis and only parents with autistic children were a significant positive predictor of depression ($\beta = .17$, $t = 2.20$, $p < .05$). The demographic variables accounted for 1.9% of variance in depression among parents with autistic children. In step 2, marital conflict was a significant positive predictor of depression ($\beta = .51$, $t = 9.33$, $p < .01$). The marital conflict accounted for 24.97% of variance in depression among parents with autistic children. In step 3, stigmatization was a significant positive predictor of depression ($\beta = .50$, $t = 8.37$, $p < .05$) stigmatization accounted for 15.8% of variance in depression among parents with autistic children.

The summary of findings shows that there are no significant changes from the hypotheses posited.

1. Stigmatization was a significant positive predictor of depression.
2. Marital conflict was a significant positive predictor of depression.

Discussion

This study hypothesized that stigmatization would predict depression among parents of autistic children in South-Nigeria. The result of the hypothesis was confirmed and accepted as true. This is consistent with the observation made by Robertson and Gabrielle-Udoka (2021) that in Nigeria and sub-Sahara African countries, there is negative beliefs about autism and other mental health problems. Parents of autistic children in the Southeast who participated in the study affirmed that the negative belief contributed to their experience of stigmatization and consequently not seeking professional help on time. Research by Anyanwu, Onuigbo, Obiyo, Eze, et al., (2019) supports that the stigma and stress experienced in raising an autistic child in modern day Nigeria is enormous. Such stress could have a negative impact on parents, evoke anger, anxiety, and sadness, thereby leading to depression. The experience of shame and stigma can lead to the feeling of humiliation, social exclusion, and isolation (Baba, 2014) with the consequent depressive symptoms.

The second hypothesis predicted that marital conflict would predict depression in parents of autistic children in Southeast Nigeria. The result equally confirmed the hypothesis that the higher the marital conflict the higher depressive symptoms experienced.

Implications of the Findings

The findings of this study are of great practical, empirical, and theoretical implications in the field of clinical psychology and mental health in general. First, the findings will help clinical psychologists to know the presenting symptoms they should be looking for when assessing parents of autistic children who are experiencing marital conflict and stigmatization. Secondly, it will help parents of autistic children to have a better understanding of the factors that could be contributing to their depressive feelings as they grapple with the challenges of raising an autistic child. Thirdly, based on the interaction with the parents of autistic children during the data collection process, it was evident that this study will empower parents to learn about the condition of their autistic children, which in turn helps to clear the misconceptions that generate stigmatization and marital conflict, increasing their ability to overcome the experience of depression that could destroy their family. Fourthly, it highlights the problems the government should strive to address in their policies to ameliorate the sufferings of the parents of autistic children. This research provides a scientific data on stigmatization and marital conflict as predictors of depression among parents of autistic children in Southeast Nigeria.

Limitations

Although this study has made a significant contribution in establishing scientifically that stigmatization and coping strategies predict depression, it has some limitations: 1) This study was restricted to parents whose autistic children are enrolled in a special school for lack of funds. 2) Also, the study involved only educated parents of autistic children.

Suggestions for Further Studies

Since this study was limited to parents of autistic children who are in institutions, it is suggested that comparative research be extended to parents of autistic children who are in the communities to know how they cope with stigmatization, marital conflict, and depression. Also, since this study was limited to educated parents, a comparative study of nonliterate parents of autistic children would be necessary in order to discover whether marital conflict and stigmatization will predict depression in that population. Bearing in mind the challenges of cross-sectional studies, the researcher suggests the use of longitudinal design because of its ability to measure change in outcomes over a period. If the result comes out in the affirmative, it will make the findings of this study more generalizable. Further researchers should also increase the sample size to cut across other geopolitical zones in Nigeria as well as adopt a mixed method approach to their investigations since it provides more insight and appealing answers to some scientific enquiries.

Recommendations

- Given the poor understanding of ASD and the plights of the autistic children and their parents, as well the scarcity of educational materials and support in this area, government and policy makers should create inclusive educational resources for educators, therapists, parents of autistic children, autistic children and people dealing with mental health problems in general to help eliminate the stigma associated mental health.
- Government should provide financial support to all persons with ASD children and indeed all parents with mental health problems. They should equally provide free health care and free education for autistic children, other children with developmental disability and mental health

problems. This will help to reduce the stress of the parents that often generate marital conflict and depressive symptoms.

- The government should create a unified group-support training programme for parents of autistic children and for teachers of autistic children. Their teachers should be paid well, and the basic needs of the children should be provided.
- Government should promote and sponsor further research into ASD, its etiology, and coping skills. They should publish the results of those findings to create awareness and educate the masses.
- Southeastern governors should introduce Para-Olympics Games for children with developmental disabilities. That will not only improve their health but also boost the morale of the parents of the autistic children. Such gestures could eliminate the public and personal stigma associated with ASD and mental health problems.
- Parents of autistic children should form a support group and educate themselves about the condition of their children, for they are the best experts and supporters of their children.

Conclusion

This study confirms stigmatization and marital conflict as predictors of depression among parents of autistic children in Southeast Nigeria. It helps parents of autistic children understand that if they have healthy marital relationship, awareness that their child's ASD is not their fault and they develop positive self-esteem they can deal with the depressive symptoms triggered by stigmatization and marital conflict. Finally, this study herald further studies on parents raising autistic children in Southeast Nigeria and other parts of Africa to correct the misconceptions people have about ASD and thus help ameliorate the suffering and pain of parents with autistic children, and consequently reduce their level of anxiety, worry and depressive symptoms that could even lead to premature death. It is recommended that parents of autistic children in South East of Nigeria form a support group in their communities where they can be educated about the condition of their children and receive support for themselves. Government and policy makers should create inclusive educational resources for educators, therapists, parents of autistic children, autistic children and people dealing with mental health problems in general to help eliminate the stigma associated mental health. South East governors should provide free health care and free education for autistic children, other children with developmental delay and mental health problems. This will help to reduce the stress of the parents that often generate marital conflict and depression. South Eastern governors should introduce Para-Olympics Games for children with developmental delay. That will not only improve their health but also boost the morale of the parents of the autistic children. Such gestures could eliminate the stigma, marital conflict and depressive symptoms associated with parenting an autistic child.

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